

08/25/03
18334 U.S. PTO



32294

PATENT TRADEMARK OFFICE

**NONPROVISIONAL PATENT
APPLICATION TRANSMITTAL RULE §1.53(b)
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

22389 U.S. PTO
10/646900
08/25/03

Customer Number 32294

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Docket No.: 60282-00099

Date: August 25, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
MAILSTOP PATENT APPLICATION

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is a nonprovisional patent application:

For (Title): APPARATUS AND METHOD FOR SECURITY MANAGEMENT
IN WIRELESS IP NETWORKS

By (Inventors): Ram Gopal Lakshmi NARAYANAN (Woburn, Massachusetts)

- ☒ 21 pages of Specification/Claims 1-17/Abstract are attached.
- ☒ Formal drawings (Figs. 1-7; 7 sheets) are attached.
- ☐ A Declaration and Power of Attorney is attached.
- ☐ An assignment of the invention to _____ is attached, along with Form PTO-1595 and a check for \$40.00.
- ☒ An Information Disclosure Statement is attached, along with Form PTO-1449, and 11 reference(s).
- ☐ This application is entitled to Small Entity Status.
- ☐ A Preliminary Amendment is attached.
- ☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____, --
- ☐ Priority of foreign application No. _____ filed _____ in _____ is claimed under 35 U.S.C. §119.

☒ Priority of U.S. Provisional Application(s) No. 60/480,234 filed June 23, 2003 is claimed under 35 U.S.C. §119(e).

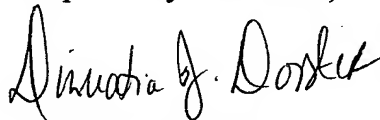
☐ A certified copy of the above corresponding foreign application is attached.

The filing fee is calculated below and includes claim status after entry of any Preliminary Amendment noted above:

| FOR: | NO. FILED | NO. EXTRA | SMALL ENTITY | | | LARGE ENTITY | |
|--|-----------|-----------|--------------|--------|----|--------------|--------|
| | | | RATE | FEE | OR | RATE | FEE |
| BASIC FEE | | | | \$ 375 | OR | | \$ 750 |
| TOTAL CLAIMS | 17 - 20 | = | x 9 = | \$ | OR | x 18 | \$ |
| INDEP CLAIMS | 4 - 3 | = | x 42 = | \$ | OR | x 84 | \$ 84 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS | | | +140 = | \$ | OR | +280 | \$ |
| | | | TOTAL | \$ | OR | TOTAL | \$ 834 |

☒ A check for the filing fee is not enclosed at this time.

Respectfully submitted,



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DJD/cct